

TRAFFIC ACCIDENT REPORT		INCIDENT NUMBER	REPORT NUMBER	REPORT TYPE
		16MAY19-39KH-00270-14DMA	190230100270 VERSION 1	INITIAL
PRIVACY ACT STATEMENT AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397 PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken. ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings. DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.				
ADMINISTRATIVE				
Incident Subject : Multiple Motor Vehicle Collision (GOV-POV)				
Date Received 16-MAY-2019	Time Received 1653	Incident Received By Telephone	Start Date / Time of Incident 16-MAY-2019 1650	End Date / Time of Incident 16-MAY-2019 1650
Type of Accident Vehicle-Vehicle	Number Vehicles Involved 2	Severity 0 Number Killed 0 Number Injured No Property Damage		
Weather : Clear		Lighting : Daylight		
LOCATION				
On/Off Base On	Road or Street on Which Accident Occurred Parking Lot		City, State/Territory, Zip/Postal Code, Country MCBH Kaneohe Bay, HI 96863 USA	
144 Feet SE of Nearest Intersecting Street, Highway, or Other Permanent Landmark Identified as Building 6468				
Kind of Locality :				
VEHICLE(S)				
Vehicle # 1	Year 2019	Color White	Model E-SERIES	Body Style Van
License Plate US Government / G431548V	DOD Decal	Vehicle Identification Number (VIN) 1FC3E3K64JDC36758		Make FORD
Owner Name US FEDERAL GOVERNMENT		Ownership Type US Federal Gov.		
Insurance Policy Number		Insurance Company Self insured		Insurance Expires On
Other Identifying Marks :None				
Traffic Control/Road Conditions				
Driving Lanes : Parking Lot		Character : Curve, Level		
Surface : Blacktop		Conditions : Dry		
Road Defects : No Defects		Traffic Control : No Traffic Signal		
Contributing Circumstances and Driver Actions				
Direction Headed : NE		Vehicle Defects : None Noted		
Lawful Speed : 10	Estimated Speed at Impact :	Estimated Speed when Danger was First Noticed :		
Distance Traveled after Impact :	Estimated Distance when Danger was First Noticed :			
Vehicle Damage				
Severity of Damage : Functional Damage		Areas Damaged : 9 - Left Rear Door		
Towed By : Released to Driver-1		Towed To : N/A		
Vehicle # 2	Year 2018	Color Black	Model SOUL EV	Body Style SUV
License Plate Hawaii / EV572B	DOD Decal T7664613	Vehicle Identification Number (VIN) (b) (6), (b) (7)(C)		Make KIA
Owner Name (b) (6), (b) (7)(C)		Ownership Type Private/Personal		
Insurance Policy Number (b) (6), (b) (7)(C)		Insurance Company USAA		Insurance Expires On 12-JUN-2019

Other Identifying Marks : None				
Traffic Control/Road Conditions				
Driving Lanes : Parking Lot			Character : Curve, Level	
Surface : Blacktop			Conditions : Dry	
Road Defects : No Defects			Traffic Control : No Traffic Signal	
Contributing Circumstances and Driver Actions				
Direction Headed : NW		Vehicle Defects : None Noted		
Lawful Speed : 10	Estimated Speed at Impact : 0		Estimated Speed when Danger was First Noticed :	
Distance Traveled after Impact :		Estimated Distance when Danger was First Noticed :		
Vehicle Damage				
Severity of Damage : Functional Damage		Areas Damaged : 7 - Rear Left, 8 - Left Rear Quarter-Panel		
Towed By : Released to owner			Towed To : N/A	
DRIVER(S)				
DRIVER #1				Vehicle 1
Name (b) (6), (b) (7)(C)		ID Num (b) (6), (b) (7)(C)	Rank Corporal	
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6), (b) (7)(C)	Place of Birth
Home Telephone (b) (6), (b) (7)(C)			Work Telephone 808-257-1204	
Address (b) (6), (b) (7)(C)				
Organization 3D RAD BN			UIC / RUC M21541	
Drivers License (b) (6), (b) (7)(C)		Limitations on License None	Driving Experience 11	
Seat Belt Use Both Used	Seat Occupied 1	Chemical Test Given No	Chemical Test Refused No	BAC PCT
Injury Type(s):				
Contributing Circumstances and Driver Actions				
Citation Number F1216673		Driver Actions Making Left Turn		
OCCUPANTS(S)				
PEDESTRIAN(S)				
COMPLAINANT(S)				
OFFENSE(S)				
PROPERTY				
PROPERTY - NARCOTIC(S)				
WITNESS(S)				
VICTIMS(S)				
VICTIM		Victim Type Individual	DD2701 Issued	
Name (b) (6), (b) (7)(C)		ID Num (b) (6), (b) (7)(C)	Rank First Lieutenant	
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6), (b) (7)(C)	Place of Birth
Sex : Male	Race : White	Ethnicity : Not Hispanic		Resident of Jurisdiction :
Address				

ADDITIONAL VICTIM INFORMATION	
Offense(s) Committed Against This Victim :	
Relationship of Victim to Suspect(s) :	
Aggravated Assault Circumstances :	
Injury Type(s):	
SPONSOR(S)	
SUSPECT(S) / ARRESTEE(S)	
ADDITIONAL POLICE OFFICERS	
NARRATIVE	
<p>At 1653, 16 May 2019, PMO was notified via telephone, of a Multiple Motor Vehicle Collision (GOV-POV) which had occurred at Building 6468 Mokapu Road, MCBH Kaneohe Bay HI 96863. This is located in the special maritime and territorial jurisdiction of the United States.</p> <p>Statements: Driver-1 (b) (6), (b) (7)(C) provided me with a verbal statement essentially relating the following: I was turning in the parking lot and failed to see the black in color vehicle.</p> <p>Investigation: Investigation revealed Driver-1 was driving Vehicle-1 north-eastbound turning left in the parking lot of Building 6468 when she failed to observe and avoid a collision with Vehicle-2; which was parked in the parking lot of Building 6468. As a result the left rear quarter panel of Vehicle-1 struck the rear left of Vehicle-2.</p> <p>Damage: Vehicle-1 sustained damage consisting of, but not limited to, minor scratches and black paint transfer to the left rear quarter panel. Vehicle-2 sustained damage consisting of, but not limited to, minor dents and scratches with white paint transfer to the rear left bumper.</p> <p>Citations: Driver-1 was issued (1) DD Form 1408 (F1216673) for Failure to maintain sufficient distance.</p>	
ENCLOSURE(S)	
ENCL #	DESCRIPTION
1	Photograph Log
2	Standard Form 91
3	DD Form 1408
4	Sketch Diagram
REPORTING/APPROVING OFFICIALS	
Reporting Official (b) (6), (b) (7)(C) Accident Investigator	Date 03-JUN-2019
Approving Official (b) (6), (b) (7)(C) Accident Investigations Chief	Date 03-JUN-2019 FINAL APPROVED ON 03-JUN-2019
DISTRIBUTION	
Referred To/Assumed By :	
Distribution :	

Photo-1: Rear left profile of Vehicle-1; new damage circled below.



Photo-2: Front right profile of Vehicle-1; no new damage shown.



Photo-3: Close up of Vehicle-1; damage consisting of, but not limited to, minor scratches and black paint transfer to the rear left quarter panel.



Photo-4: Rear left profile of vehicle-2; new damage circled below.



Photo-5: Front right profile of vehicle-2; no new damage shown.



Photo-6: Close up of vehicle-2; damage consisting of, but not limited to, minor dents and scratches with white paint transfer to the rear left bumper.



MOTOR VEHICLE ACCIDENT REPORT	Please read the Privacy Act State- ment on Page 3	INSTRUCTIONS: Sections I through IX are filled out by the vehicle operator. Section X, items 72 thru 82c are filled on by the operator's supervisor. Section XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.
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SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME (Last, first, middle) (b) (6), (b) (7)(C)	2. DRIVER'S LICENSE NO./STATE/LIMITATIONS (b) (6), (b) (7)(C)	DATE OF ACCIDENT 20190516
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS (b) (6), (b) (7)(C)	4b. WORK TELEPHONE NUMBER 257 1204	
5. TAG OR IDENTIFICATION NUMBER 643 1548V	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE 2018
	8. MAKE Ford	9. MODEL E-SERIES
11. DESCRIBE VEHICLE DAMAGE SCRATCH, LEFT BACK DOWNSIDE SIDE	10. SEAT BELTS USED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)

12. DRIVER'S NAME (Last, first, middle) (b) (6), (b) (7)(C)	13. SOCIAL SECURITY NO./ TAX IDENTIFICATION NO. (MAY) (b) (6), (b) (7)(C)	14. DRIVER'S LICENSE NO./STATE/LIMITATIONS (b) (6), (b) (7)(C)
15. a. DRIVER'S WORK ADDRESS 6468 Mokapu Rd	15b. WORK TELEPHONE NUMBER 808 257 1952	
16a. DRIVER'S HOME ADDRESS	16b. HOME TELEPHONE NUMBER (b) (6), (b) (7)(C)	
17. DESCRIPTION OF VEHICLE DAMAGE SCRATCH, HOLE, DRIVERS SIDE REAR	18. ESTIMATED REPAIR COST \$	
19. YEAR OF VEHICLE 2018	20. MAKE OF VEHICLE Kia	21. MODEL OF VEHICLE Soul
23a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS USAA	22. TAG NUMBER AND STATE EV572B / HI	23b. POLICY NUMBER (b) (6), (b) (7)(C)
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input checked="" type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED	25a. OWNER'S NAME(S) (Last, first, middle) (b) (6), (b) (7)(C)	23c. TELEPHONE NUMBER 1 800 531 8722
26. OWNER'S ADDRESS(ES)	25b. TELEPHONE NUMBER (b) (6), (b) (7)(C)	

SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed)

27. NAME (last, first, middle)	28. SEX	29. DATE OF BIRTH
30. ADDRESS		
A		
31. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input checked="" type="checkbox"/> PEDESTRIAN	32. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	33. LOCATION IN VEHICLE
34. FIRST AID GIVEN BY		
35. TRANSPORTED BY	36. TRANSPORTED TO	
37. NAME (last, first, middle)	38. SEX	39. DATE OF BIRTH
40. ADDRESS		
B		
41. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN	42. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	43. LOCATION IN VEHICLE
44. FIRST AID GIVEN BY		
45. TRANSPORTED BY	46. TRANSPORTED TO	
47. Pedes- trian	a. NAME OF STREET OR HIGHWAY	b. DIRECTION OF PEDESTRIAN (SW corner to NW corner, etc.) FROM TO
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)	

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ENCLOSURE(2)

SECTION IV - ACCIDENT TIME AND LOCATION (Use section VII if additional space is needed.)

48. DATE OF ACCIDENT
2019 05/16

49. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).

50. TIME OF ACCIDENT
1630 ☐ AM ☒ PM

N/A

51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

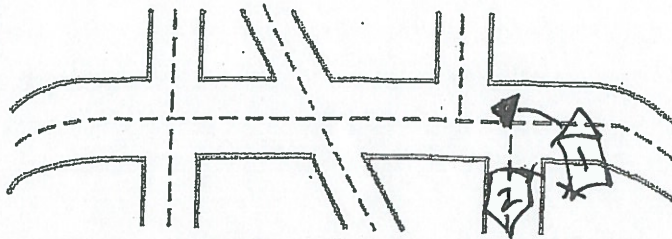
Example:

b. Use solid line to show path before accident and broken line after the accident.

c. Show pedestrian by

d. Show railroad by

e. Place arrow in this circle to indicate NORTH



52. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
		a. Front
		b. R. Front
		c. L. Front
		d. Rear
		e. R. Rear
		f. L. Rear
		g. R. Side
		h. L. Side

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making a U-turn, passing, stopped in traffic, etc.).

TURNING LEFT IN A SMALL PARKING LOT, WAS WATCHING THE FRONT OF VEHICLE AND NOT PAYING ATTENTION TO HOW WIDE AND LONG VEHICLE WAS, RUBBED AGAINST PARKED VEHICLE ON BACK LEFT SIDE WITH THE DRIVERS ^{BACK} SIDE OF VEHICLE.

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

A	54. NAME (Last, first, middle) (b) (6), (b) (7)(C)	55. WORK TELEPHONE NUMBER 808 257 1204	56. HOME TELEPHONE NUMBER (b) (6), (b) (7)(C)
	57. WORK ADDRESS HARRIS AVE BL 6842	58. HOME ADDRESS (b) (6), (b) (7)(C)	
B	59. NAME (Last, first, middle)	60. WORK TELEPHONE NUMBER	61. HOME TELEPHONE NUMBER
	62. WORK ADDRESS	63. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

64a. NAME OF OWNER (Last, first, middle)	64b. WORK TELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER
64d. WORK ADDRESS	64e. HOME ADDRESS	
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST

SECTION VII - POLICE INFORMATION

69a. NAME OF POLICE OFFICER (b) (6), (b) (7)(C)	69b. BADGE NUMBER 2826	69c. TELEPHONE NUMBER 808 257 2123
70. PRECINCT OR HEADQUARTERS PMO MCBH	71a. PERSON CHARGED WITH ACCIDENT (b) (6), (b) (7)(C)	71b. VIOLATION(S) FAILURE TO MAINTAIN DISTANCE

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ENCLOSURE(2)

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and the title 31 U.S.C. Section 7701. The formation is required by federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Department of Treasury and Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and the collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for federal management and debt collection. Furnishing the requested information is mandatory, including the Social security Number or Taxpayer's Identification Number(TIN) for use as a unique identifier to ensure accurate identification for individuals or firms in the system.

SECTION IX - FEDERAL DRIVER CERTIFICATION

I certify that the information on this form (Sections I thru VII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER

72b. DRIVER'S SIGNATURE AND DATE

(b) (6), (b) (7)(C)

20190516

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

73. ORIGIN

3RD RADIO BN

74. DESTINATION

FLIGHT LINE

75. EXACT PURPOSE OF TRIP

PICK UP GEAR AND RETURNING DET

76. TRIP BEGAN

DATE

20190516

TIME (Include AM or PM)

1630

77. ACCIDENT OCCURRED

DATE

20190516

TIME (Include AM or PM)

1650

78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR

☒ ORALLY

☐ IN WRITING (Explain)

79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE?

☒ NO

☐ YES (Explain)

80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS?

☒ YES

☐ NO (Explain)

81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED?

☒ NO

☐ YES (Explain)

82. COMPLETED BY DRIVER'S SUPERVISOR

☒ YES
☐ NO

b. COMMENTS

NONE

83a. NAME AND TITLE OF SUPERVISOR

(b) (6), (b) (7)(C)

83b. SUPERVISOR'S SIGNATURE

(b) (6), (b) (7)(C)

83c. TELEPHONE NUMBER

(b) (6), (b) (7)(C)

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ENCLOSURE(2)

SECTION XI - ACCIDENT INVESTIGATION DATA

84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION?

☒ NO

☐ YES (If checked, explain below.)

85. PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment).

SECTION XII - ATTACHMENTS

87. LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

88. REVIEWING OFFICIAL'S COMMENTS

89. ACCIDENT INVESTIGATOR

a. SIGNATURE (b) (6), (b) (7)(C)	b. DATE 21 MAY 19
c. NAME (First, middle, last) (b) (6), (b) (7)(C)	
d. TITLE Investigator	
e. OFFICE MCBH PMO	
f. OFFICE TELEPHONE NUMBER	
AREA CODE 808	NUMBER 257-2123
EXTENSION	

90. ACCIDENT REVIEWING OFFICIAL

a. SIGNATURE (b) (6), (b) (7)(C)	b. DATE 22 MAY 19
c. NAME (First, middle, last) (b) (6), (b) (7)(C)	
d. TITLE TRAFFIC CHIEF	
e. OFFICE AID	
f. OFFICE TELEPHONE NUMBER	
AREA CODE 808	NUMBER 257-6074
EXTENSION	

STANDARD FORM 91 (2/2004) PAGE 4

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ENCLOSURE(2)

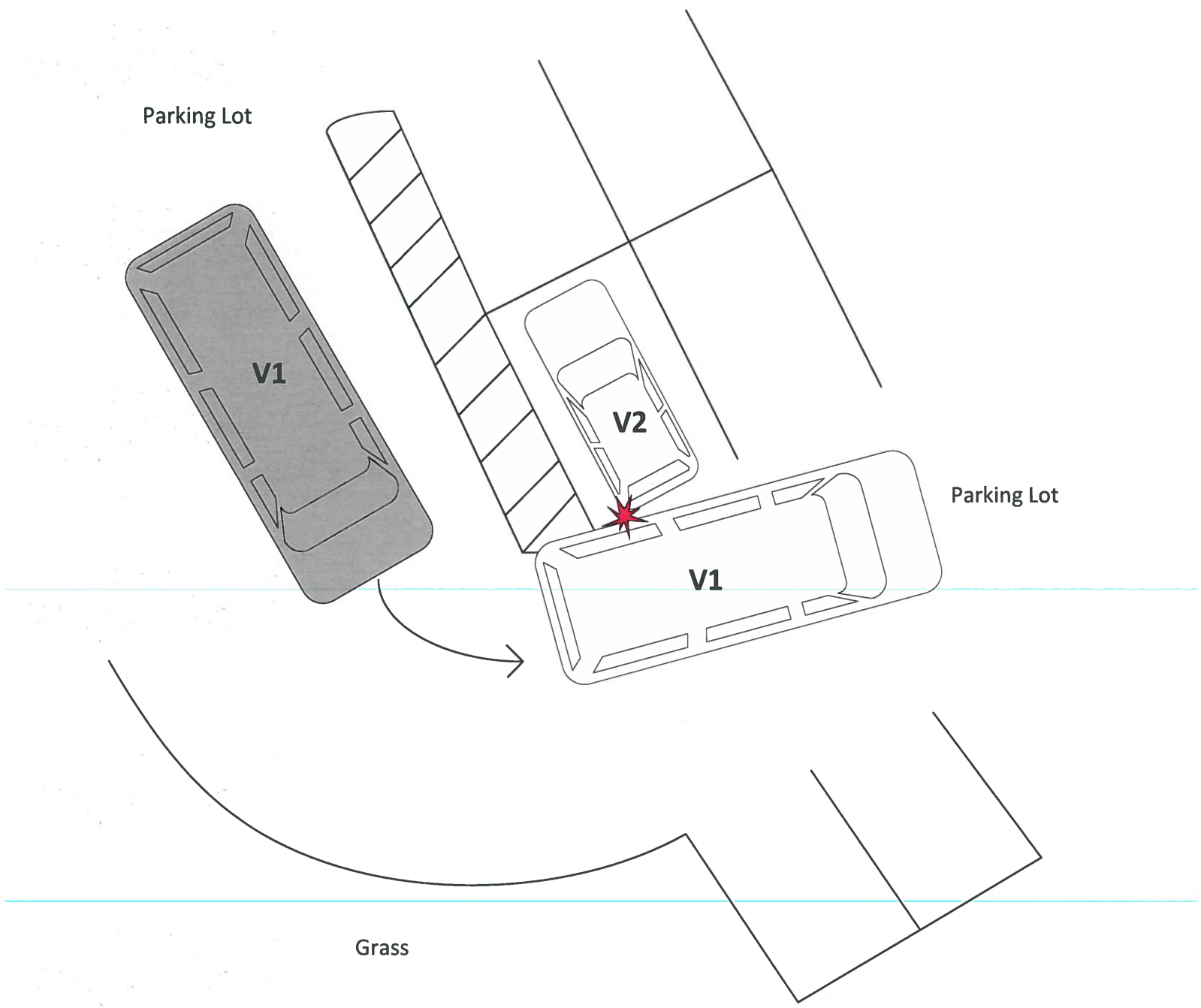
NO COURT

ARMED FORCES TRAFFIC TICKET				<input type="checkbox"/> WARNING (See Remarks below)	NAME (Last, First, Middle Initial) (b) (6), (b) (7)(C)	
The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.						
1. NAME (Last, First, Middle Initial) (b) (6), (b) (7)(C)						
2. RANK / GRADE CPL/E-4		3. DATE OF BIRTH (b) (6), (b) (7)(C)		4. SOCIAL SECURITY NO. (b) (6), (b) (7)(C)		
5. ORGANIZATION OR ADDRESS 3rd RADIO						
6. DRIVER LICENSE NUMBER (b) (6), (b) (7)(C)		7. ISSUING AUTHORITY (State) State of				
VEHICLE GOU VAN		G-43 1548V		EX TAG NO. Ex 2026		
11. DATE (Day-month-year) 16 MAR 2019		12. TIME 1711		13. LOCATION PARKING LOT OF FINN BLDG		
VIOLATION	<input checked="" type="checkbox"/> SPEED OVER LIMIT mph in a mph zone	<input checked="" type="checkbox"/> 5 - 10 MPH	<input checked="" type="checkbox"/> 11 - 15 MPH	<input checked="" type="checkbox"/> OVER 15 MPH	(b) (6), (b) (7)(C)	
	<input checked="" type="checkbox"/> IMPROPER LEFT TURN	<input checked="" type="checkbox"/> NO SIGNAL	<input checked="" type="checkbox"/> CUT CORNER	<input checked="" type="checkbox"/> FROM WRONG LANE		
	<input checked="" type="checkbox"/> IMPROPER RIGHT TURN	<input checked="" type="checkbox"/> NO SIGNAL	<input checked="" type="checkbox"/> INTO WRONG LANE	<input checked="" type="checkbox"/> FROM WRONG LANE		
	<input checked="" type="checkbox"/> DISOBEYED TFC SIGNAL (When light turned red)	<input checked="" type="checkbox"/> PAST MIDDLE INTERSECTION	<input checked="" type="checkbox"/> MIDDLE OF INTERSECTION	<input checked="" type="checkbox"/> HAD NOT REACHED INTERSECTION		
	<input checked="" type="checkbox"/> DISOBEYED STOP SIGN	<input checked="" type="checkbox"/> STOPPED WRONG PLACE	<input checked="" type="checkbox"/> FAILED TO STOP	<input checked="" type="checkbox"/> ROLLED / SPED THROUGH		
	<input checked="" type="checkbox"/> IMPROPER PASSING AND LANE USAGE	<input checked="" type="checkbox"/> AT INTERSECTION	<input checked="" type="checkbox"/> CUT IN	<input checked="" type="checkbox"/> WRONG SIDE OF ROAD		
	<input checked="" type="checkbox"/> FOL. TOO CLOSELY	<input checked="" type="checkbox"/> BETWEEN TFC	<input checked="" type="checkbox"/> ON RIGHT	<input checked="" type="checkbox"/> ON HILL		
	<input checked="" type="checkbox"/> FAILURE TO YIELD	<input checked="" type="checkbox"/> LANE STRADDLING	<input checked="" type="checkbox"/> WRONG LANE	<input checked="" type="checkbox"/> ON CURVE		
	OTHER VIOLATIONS (Describe)					
	PARKING					
OVERTIME		DOUBLE PARKING		TICK NUMBER F 1216673		
PROHIBITED AREA		OTHER (Describe in Remarks)				
CONDITIONS THAT INCREASED SERIOUSNESS OF VIOLATION	SLIPPERY PAVEMENT	RAIN	AREA		TRAFFIC ACCIDENT	
	DARKNESS	SNOW	BUSINESS		TYPE OF ACCIDENT:	
		ICE	INDUSTRIAL		PD	PI
		NIGHT	RURAL		FATAL	
OTHER TRAFFIC PRESENT	FOG	SCHOOL	PEDESTRIAN			
	SNOW	RESIDENTIAL	VEHICLE			
	CROSS	HIGHWAY	HIT FIXED OBJ			
	ONCOMING	TYPE	RIGHT-ANGLE			
CAUSED PERSON TO DODGE	PEDESTRIAN	2 - LANE	SIDESWIPE			
	DRIVER	3 - LANE	REAR END			
	JUST MISSED ACCT	4 - LANE	INTERSECTION			
		4 - LANE DIVIDED	HEAD ON			
15. REMARKS: FAILURE TO MAINTAIN SUFFICIENT DISTANCE. Bo 5560						
16. NAME OF PERSON ISSUING TRAFFIC TICKET (b) (6), (b) (7)(C)						
17. ORGANIZATION AND INSTALLATION HQBN / PMO			18. RANK / GRADE E-3/100			

ENCLOSURE (3)

SKETCH DIAGRAM

DATE OF INCIDENT	TIME	LOCATION	Investigator	CASE CONTROL NUMBER
20190516	1650	Parking lot of BLDG 6468	(b) (6), (b) (7)(C)	190230100270



(Not to scale)